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INDIANA STATE CANCER REGISTRY NEWS BRIEFS

Issue #2

The State Cancer Registry staff hope all of you had a joyous and peaceful holiday season. This News Briefs is being sent by e-mail to cancer registrars with an e-mail address and by fax or mail to those without e-mail access. If you have suggestions or topics you would like to see covered in future issues, please contact any of our staff listed at the end of this document.

FREE TRAINING COURSE

There is one position left in the basic tumor registry training course, Principles and Practice of Cancer Registration, Surveillance, and Control, to be held in Indianapolis February 25 through March 1, 2002. This free 5-day course will be conducted by internationally renowned instructors, Steven Roffers and John Young, from Emory University in Atlanta. We are especially seeking people working in the cancer registry field who are interested in taking the exam to become Certified Tumor Registrars (CTRs). Contact the State Registry soon if you do not have information on this course.

CODING REMINDER FOR 2001 CASES – WHEN TO USE THE NEW CODING MANUALS

Use ICD-O-3 and SEER Summary Staging Manual 2000 only for cases DIAGNOSED January 1, 2001 or later. If the case is accessioned in 2001 but the patient was diagnosed before 2001, you must use the old coding manuals, ICD-O-2 and SEER Summary Staging Guide 1977. Class of Case has no effect on this rule.

The same is true for the tables used to determine multiple primaries in lymphatic and hematopoietic diseases. For cases diagnosed before 2001, you must use the old table (Appendix E-2 in State Manual, pp. 293-311). Use the new table only for cases DIAGNOSED January 1, 2001 or later. The new table is a 4-sectioned folded table from SEER dated 2/28/2001 that we distributed to registrars in November 2001.

CORRECTIONS TO ICD-O-3

The SEER Program of the National Cancer Institute published an 8-page errata for ICD-O-3 dated 5/22/2001 that was distributed at the ICRA annual fall conference and in a subsequent mailing. The corrections in Table 1 affect reportability of some malignancies. It is important that you record these changes in the code lists and index of your purple ICD-O-3 manual. Don't just insert the pages in the manual. If you need a copy of the errata, contact us at one of the numbers provided at the end of this News Briefs.

READ CODING GUIDELINES

Speaking of ICD-O-3, please read the Coding Guidelines on pp. 19-40 in the new ICD-O-3 manual. Even the most experienced registrars sometimes need to be refreshed on the basic rules for coding. It is also essential reading for beginning and intermediate coders. Think of it as a part of your ongoing professional development.

QUESTIONS ON REPORTABILITY OF CERTAIN CANCERS

- Q1: Are carcinoma in situ (CIS) of the cervix; cervical intraepithelial neoplasia, grade III (CIN III, morphology code 8077/2); and prostatic intraepithelial neoplasia, grade III (PIN III, morphology code 8148/2) still reportable to the State?
- A1: CIS of the cervix, CIN III, and PIN III are still legally reportable to the State under Indiana Administrative Code (IAC) because they have a /2 (in situ) behavior code. However, the State Registry is recommending that the IAC be revised so that we can discontinue collecting these cancers because they are not required by the Commission on Cancer (CoC), SEER, or the National Program of Cancer Registries (NPCR). We are recommending that this change be effective retroactive to January 1, 2001. Revising the IAC may involve a lengthy process and we do not know if it will be approved. In the meantime, you may choose to make reporting these cases a lower priority in your workload. However, if it makes more sense for your facility to collect a complete year of data (e.g., 2001 cases), you may also choose to do that. If the IAC regulation is revised as recommended, we will delete any new incoming nonreportable cases diagnosed after the effective date. More information on these diagnoses can be found in ICD-O-3 on page 28.
- Q2: Are basal and squamous cell carcinomas of the skin that are regional or distant at the time of diagnosis still reportable to the State?
- A2: The State Cancer Registry is also recommending that all basal and squamous cell carcinomas of the skin be deleted from the State's reportable list, effective January 1, 2001, regardless of their size or stage at diagnosis (in situ, local, regional, or distant). Although the recommendation has not been approved yet, you may also choose to make reporting these a lower priority. Keep in mind that basal and squamous cell carcinomas of the

skin of the genitalia (vulva, labia majora, penis, scrotum) will still be reportable, since they are not coded to C44._ like the other skin cancers. ALL melanomas will remain reportable.

Q3: Are VAIN III (vaginal intraepithelial neoplasia, grade III), VIN III (vulvar intraepithelial neoplasia, grade III), and AIN III (anal intraepithelial neoplasia, grade III) still reportable?

A3: Yes, continue to report these with the morphology code of 8077/2, as required by NPCR.

Q4: Is pilocytic (juvenile) astrocytoma (9421/1) reportable, even though it has a behavior code of /1?

A4: Yes, report this with morphology code 9421/3. For the sake of continuity, national standard setting organizations decided that pilocytic (juvenile) astrocytoma will continue to be collected in North America for the next few years.

CODING QUESTIONS ON NEW BREAST CANCER COMBINATION CODES WITH ANSWERS FROM APRIL FRITZ

Q5: For a breast diagnosis stated as "tubular infiltrating ductal carcinoma," would you use the new combination code 8523/3? Or must it be stated "tubular and ductal carcinoma" to use the combination code (as implied by ROADS page 18, revised 1/1/98, histology rule 1)?

A5: Code this case to tubular, 8211/3. To use the combination codes, you do need a statement of mixed, combined, or "something and something" carcinoma.

Q6: For two simultaneous breast lesions, one a ductal and tubular mixed carcinoma and the other a ductal carcinoma, would you report as one or two primaries?

A6: If they are in the same breast within two months of each other, report as one primary with the combined histology 8523/3.

Q7: Will simultaneous breast lesions of different types, but that have a combination code (e.g., ductal and tubular, or lobular and mucinous), be reported as single or multiple primaries?

A7: Again, if they are in the same organ, same laterality, within two months of each other, they will be reported as one primary with a combination code.

TUMOR SIZE TO BE RECORDED IN MILLIMETERS

Because tumor size documentation has been an unresolved issue for American College of Surgeons (ACoS) approved cancer programs reporting to state registries, ACoS hopes the following change will resolve the issue.

Beginning with cases diagnosed January 1, 2002 or later, the size of the primary tumor, except melanomas of the skin, vulva, penis, scrotum and conjunctiva, will be recorded in millimeters. For example, a 4 cm tumor will be reported as 40 mm, and recorded as 040 in the tumor size field, and a 0.8 cm tumor will be reported as 8 mm and recorded as 008. Tenths and hundredths of millimeters will be rounded to the nearest whole millimeter. This change in recording the greatest diameter of the tumor is equivalent to dropping the implied decimal point between the second and third digits in the current tumor size field.

For melanomas of the skin, vulva, penis, scrotum and conjunctiva, the depth of invasion will be coded in HUNDREDTHS of millimeters. For example, a melanoma of 0.84 millimeters in depth will be recorded as 084, and a melanoma of 1.51 mm in depth will be recorded as 151. Any melanoma over 1 cm in depth is to be recorded as 990 in the tumor size field, and, if possible, the actual depth of invasion recorded in a text field.

The tumor size for Unknown will continue to be 999. A "ROADS" replacement page will soon be available on the Web site of ACoS (<http://www.facs.org/dept/cancer/index.html>).

These changes will also become effective at the State Cancer Registry for cases diagnosed January 1, 2002 or later. The changes make it extremely important for you to support your coding for tumor size by documenting it in your text field(s). Text documentation significantly reduces the number of questions returned to reporting facilities.

UPDATE ON "ROADS" REVISIONS

Revisions to "Standards of the Commission on Cancer Volume II: Registry Operations and Data Standards" are nearing completion. The final draft of the manual is expected to be completed by the end of January 2002, and publication is planned for July 2002. In addition to the manual, the Commission on Cancer of the American College of Surgeons is in the process of creating educational programs and registry software development support tools to promote the changes being introduced in this new edition.

CERVIX SURGERY CODES

For cancers of the cervix (C53.0 - C53.9), dilatation and curettage (D & C) should be coded as cancer directed surgery (code 25) ONLY if the lesion is non-invasive (in situ stage). If lesion is invasive, the D & C should be coded as a biopsy (non cancer-directed surgery code 02).

SURGICAL MARGIN CLARIFICATIONS FOR MELANOMA: CODES 40 AND 50

Clarification of codes 40 and 50 for surgical margins for melanoma are provided below. Please add the following notes to page lxxxvi of "ROADS," Appendix D. These codes are in the State Policy and Procedure Manual for Reporting Facilities (June 1998) on page 396, Appendix I, Cancer-Directed Surgery Codes for Skin (C44.0-C44.9), B. Surgery of Primary Site.

- 40 Wide excision or re-excision of lesion or minor (local) amputation, NOS
Margins of excision are 1 cm or less. Margins may be microscopically involved.
Local amputation is the surgical resection of digits, ear, eyelid, lip or nose.
- 50 Radical excision of a lesion, NOS
Margins of excision are greater than 1 cm and grossly tumor free. The margins may be microscopically involved.

OCCUPATION & INDUSTRY

In the Occupation field, do NOT enter "RETIRED." One reason for collecting this information is to see if there is a correlation between the kind of work the person did most of their life and what type of cancer they have. Certain occupations are associated with an increased risk for certain types of cancer (e.g., bladder cancer may be more common in beauticians because of the chemicals they use). The Industry field also is a generic field for the kind of business in which the person worked. Record the type or category for their place of business. Record the company name only if the primary activity of the business is unknown. These two data fields are not collected for general demographic or billing purposes, so retirement status is not important. Refer to pages 93-94 in the State Reporting Manual for more information on these fields.

GETTING A NEW COMPUTER?

Excited about that new computer you're getting? Before you turn in the old one, be sure to get all your cases off the old hard drive so they can be transferred to the new computer. You may also have to reinstall your software program on your new computer. If you are a registrar with minimal involvement in the cancer registry (registry is done by contractor), or if your hospital is a "Pilot" hospital, where Helping Hands abstracts your cases, take note. Before you trade in your old computer, stick a bright note on the computer: THIS COMPUTER CONTAINS CONFIDENTIAL CANCER REGISTRY DATA. DO NOT DELETE OR DESTROY DATA ON THE HARD DRIVE BEFORE MAKING A BACKUP COPY. PLEASE CALL (317) 233-7158 IF YOU NEED ASSISTANCE. If you cannot make your own sticker, call us and we will make one for you.

NEW AREA CODES IN NORTHERN INDIANA

On January 15, 2002, new area codes for northern Indiana will take effect. Area code 219 will be divided into three regions with area codes 219 (northwest), 574 (north central), and 260 (northeast). Until June 14, 2002, both old and new area codes will be accepted. After that, you will be required to dial the new area code. Remember to change your programmed phones, fax machines, business cards and stationery, etc. A fact sheet is available on the Web at <http://www.in.gov/oucc/pdf/areacodes.pdf>. Please contact the State Registry if you would like us to fax you more information.

NAACCR VERSION 9

Please make sure that all cases you submit to the State Registry are in NAACCR record layout version 9 or later. If we notify you that your cases were not in the correct version, you will need to contact your software vendor to get it corrected. Registries using the latest version of Rocky Mountain Cancer Data Systems (ver. 8.00) software will already have the correct NAACCR version 9 in their program.

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